

**LEAFFILTER GUTTER SYSTEM DEBRIS ACCUMULATION CLASS ACTION
CLAIM FORM INSTRUCTIONS**

You are receiving this Claim Form because LeafFilter North, LLC's ("LeafFilter") records show that you are the owner of a LeafFilter Gutter System and you opened a service ticket with LeafFilter relating to Debris Accumulation. Under this Settlement, you are eligible to receive **one** of the following four Benefits.

Benefit 1: Reimbursement for two prior Debris Removal Cleanings up to \$200

If you paid to have debris removed from the top of your LeafFilter Gutter System, and have proof of the expenses you incurred, you can file a Claim Form for Benefit 1. You may receive a maximum of \$100 reimbursement for each individual cleaning, with the total amount of reimbursement not to exceed \$200. To be valid, your claim must include documentation of these expenses.

Benefit 2: Reimbursement for one prior Debris Removal Cleaning up to \$100 and two Vouchers for future Debris Removal Cleanings

If you paid to have debris removed from the top of your LeafFilter Gutter System, and have proof of the expenses you incurred, you can file a Claim Form for Benefit 2. Under this Benefit, you may receive a maximum of \$100 reimbursement for one individual cleaning. To be valid, your claim must include documentation of this expense. In addition to your reimbursement for one prior cleaning, if you file a valid claim for Benefit 2, you will also receive two vouchers for future Debris Removal Cleanings to be performed by LeafFilter or its affiliated companies within 30 days of your service request, and at no cost to you.

Benefit 3: Three vouchers for future Debris Removal Cleanings

If you have not paid to have debris removed from the top of your LeafFilter Gutter System, or do not have proof of such expenses, you can file a Claim Form for Benefit 3. Under this Benefit, if you file a valid claim, you will receive three vouchers for future Debris Removal Cleanings to be performed by LeafFilter or its affiliated companies within 30 days of your service request, and at no cost to you.

Benefit 4: Reimbursement for up to \$200 in costs to remove LeafFilter Gutter System due to Debris Accumulation

If you have removed your LeafFilter Gutter System from your home because of issues with Debris Accumulation, you can file a Claim Form for Benefit 4. Under this Benefit, if you file a valid claim, you can receive up to \$200 in reimbursement. To be valid, your claim must include documentation of this expense.

To submit your Claim Form electronically, go to www.leafilter.com

To submit your Claim Form through the mail, mail your completed Claim Form to:

LEAFFILTER GUTTER SYSTEM DEBRIS ACCUMULATION LITIGATION
[INSERT ADDRESS] _____

All Claim Forms must be submitted online or postmarked by _____, 2022.

LEAFFILTER GUTTER SYSTEM DEBRIS ACCUMULATION SETTLEMENT CLAIM FORM

Submit this Claim Form to seek one (**and only one**) of the Benefits below. Check the appropriate box for the benefit you are seeking. If you are seeking reimbursement for out-of-pocket costs, include the amount of reimbursement you are requesting and attach proof of each expense.

☐ **Benefit 1: Reimbursement for two prior Debris Removal Cleanings up to \$200-** I incurred out-of-pocket costs to clean debris off the top of my LeafFilter Gutter System. I have attached proof of these expenses (invoice, receipt, etc.).

Amount of Reimbursement for first Debris Removal Cleaning: \$ _____

Amount of Reimbursement for second Debris Removal Cleaning: \$ _____

☐ **Benefit 2: Reimbursement for one prior Debris Removal Cleaning up to \$100 and two Vouchers for future Debris Removal Cleanings** - I incurred out-of-pocket costs to clean debris off the top of my LeafFilter Gutter System. I have attached proof of this expense (invoice, receipt, etc.). I also elect to receive two Vouchers for future Debris Removal Cleanings.

Amount of Reimbursement for Debris Removal Cleaning: \$ _____

☐ **Benefit 3: Three vouchers for future Debris Removal Cleanings** - I did not pay to have debris removed from the top of my LeafFilter Gutter System, or I do not have proof of such expenses. I elect to receive three Vouchers for future Debris Removal Cleanings. No additional documentation is required to select this benefit.

☐ **Benefit 4: Reimbursement for up to \$200 in costs to remove LeafFilter Gutter System due to Debris Accumulation** - I incurred out-of-pocket costs to remove my LeafFilter Gutter System from my home because of issues with Debris Accumulation. I have attached proof of this expense (invoice, receipt, etc.).

Amount of Reimbursement for Gutter System Removal: \$ _____

Claimant Information

1. _____
Name of Owner of LeafFilter Gutter System

2. _____
Address City State Zip Code

3. _____
Email Address

Please sign the certification below:

I hereby attest and affirm that I am eligible for the Settlement Benefit indicated above, that the documentation provided, if any, to support my claim is authentic and, if I am seeking reimbursement, that I actually incurred and was not previously reimbursed for these expenses.

Signature: _____

Print name: _____

If you prefer to file your Claim Form electronically, go to www.leafilter.com